

07/13/2004 14:26 9544549447

ALAN MILLER

FILED
Jul 19, 2004 8:00 am
Secretary of State

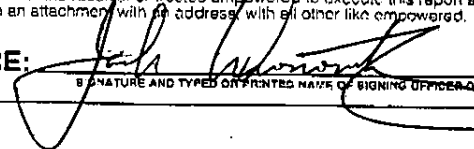
07-19-2004 90003 045 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

54063056



07132004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000021395					
1. Entity Name ALL AIRCRAFT SALES, INC.					
Principal Place of Business 6591 SKYLINE DRIVE DELRAY BEACH, FL 33446			Mailing Address 6591 SKYLINE DRIVE DELRAY BEACH, FL 33446		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0475389	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARONOWITZ, JACK L 6591 SKYLINE DRIVE DELRAY BEACH, FL 33446				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3341 SW 15 ST City Pompano Beach FL Zip Code 33069	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required if not re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D - ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	ARONOWITZ, JACK	NAME			
STREET ADDRESS	6591 SKYLINE DR.	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33446	CITY-ST-ZIP			
TITLE	S - ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	LLOYD, JOSHUA	NAME			
STREET ADDRESS	6591 SKYLINE DR.	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33446	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			7/15/04 (561) 498 3954		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		